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Bib Data Sheet

CONFIRMATION NO. 1635

<b>SERIAL NUMBER</b> 10/713,745	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3715	<b>ATTORNEY DOCKET NO.</b> 02905-501
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**APPLICANTS**

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KYF yes

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/912,681 07/24/2001 ABN and is a CIP of 09/350,791 07/09/1999 PAT 6,299,452

KYF yes

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None KYF

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 02/17/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>KYF</i>				

**ADDRESS**

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**TITLE**

Diagnostic system and method for phonological awareness, phonological processing, and reading skill testing

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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